

The symptoms produced by lesions of the cortex in the primary stage are thus seen to be entirely distinct from those due to lesions of the dura mater; in the former they occupy the side of the body opposite to the lesion; in the latter they occupy the same side: paralysis may occur in the former but not in the latter; in the former, spasmodic muscular action is distinctly localized and has a sort of voluntary character, while in the latter it is generalized and involuntary in appearance.

The permanent contractions of the second stage are attributed by M. Duret to subsequent irritation of the dura mater, and are therefore not to be distinguished from those produced by lesion of the dura alone. There is, however, one variety, and an important one, of muscular contractions excited by injury to the substance in which the dura mater plays no part; the irritation is propagated directly from the seat of the lesion to the medullary centres by the aid of the white motor fibres of the hemispheres. In this case the symptoms are always those of epileptiform attacks beginning usually in the muscles which correspond to the brain centre first affected.

The two remaining chapters of the book are devoted to the part played by the meningeal vessels in cerebral traumatisms, and to a résumé of the relations between the lesions of the different parts of the encephalon and particular symptoms, including a few contributions to the study of the localization of motor centres and the propriety of surgical interference based upon them. There is nothing in these chapters that requires especial mention here, and we now leave the book with the conviction that it is well worth study by all, and that as a product of accurate experimentation and cautious inference, it is not only a valuable contribution to the surgery and physiology of the brain, but also gives the assurance that French science will find in the new ranks men not unworthy to take the place of those who have made her past and present illustrious.

L. A. S.

---

ART. XXIII.—*A Clinical History of the Medical and Surgical Diseases of Women.* By ROBERT BARNES, M.D., Lond., Censor of the Royal College of Physicians, Obstetric Physician and Lecturer on Obstetrics and Dis. of Women to St. George's Hospital, etc. Second American from the second and revised London edition. 8vo., pp. 784. Philadelphia: Henry C. Lea, 1878.

THE American profession will receive with great pleasure this second edition of Dr. Barnes's excellent book. Dr. Barnes, in his brief visit to the United States in our Centennial year, made many acquaintances, many friends, and they will be glad to have him address them again, even though it be by the printed page, and from the other side of the Atlantic. Moreover the book especially commends itself to American readers by its recognition of American works and workers in gynæcology, and by its graceful dedication to one whom the profession of this country hold in such high honor, Dr. Fordyce Barker.

The title page states that this edition is from the second and revised London edition, and Dr. Barnes, in his preface, refers to the revision as having been "conscientious." But the thoroughness of this revision—its

careful minuteness and completeness—will hardly be recognized by any reader who does not collate the two volumes, comparing page with page and sentence with sentence. Such collation will show that hundreds of changes have been made; here new matter introduced, there old eliminated; alterations in order and connection; some old illustrations omitted and many new ones inserted; verbal or other variations of individual sentences, modifying the thought or presenting it in clearer and more condensed form—these are among the characteristics and results of a revision which the author has justly termed conscientious.

Having so recently presented a review of the first edition of this work, our observations at this time will be chiefly occupied with the new matter and with some parts of the old not referred to in that review.

The first chapter is devoted to the anatomy of the external and internal organs of generation. Several new illustrations are introduced, nearly all from Sappey; one is credited to Kundrat, but we believe the name of our St. Louis friend, Dr. Geo. J. Englemann, should also be associated with it. Upon the authority of Sappey, the peritoneal investment of the ovary, which still holds so firm a place in the minds of some, is rejected; we believe, however, that Waldeyer is the authority to be referred to in this connection. So, too, the ovarian tunica albuginea is a thing of the past. Why not also discard the words Fallopian tubes, replacing them by oviducts, as briefer, and because tube is no more the equivalent of *tuba*, a trumpet, than a popular designation of the menstrual flow, *flowers* is of *flour*.

The *carunculæ myrtiformes* remain the products of the ruptured hymen, though there is excellent authority for the statement that these little bodies are quite independent of the hymen.

*Dyspareunia*, second chapter, p. 72, still holds its place; though we believe we conclusively showed that Sophocles attached no such meaning to the primitive as is given the derivative, and that, therefore, the definition of the word as used by Dr. Barnes is constrained, arbitrary, and not essential. Nevertheless a word is needed to indicate difficult or painful sexual relations, and as Dr. Barnes expresses them by this term, its general adoption is not doubtful. *Dyspareunia*, too, is not lacking in euphony, and that is more than can be said of some other of the author's additions to the English language, such as *dyschezia*!

On page 73 the menstrual fluid is called a secretion, and on the next page we learn that "nearly the whole genital tract secretes mucus." Now is it not a wrong use of language to call the menstrual liquid a secretion? Is it a secretion in the same sense, or in anything like it, that mucus, or any other glandular product, is? The secretion theory of menstruation we were faithfully taught in our student days, but we supposed that such a view was of the past, both dead and buried, and the present use of the term secretion in such connection by Dr. Barnes and other teachers, is rather an accommodation than a strictly correct application; nevertheless it may be misleading.

On page 94 Dr. Barnes refers to Dr. Emmet's extolling hot vaginal injections—one of the most valuable contributions to uterine therapeutics—but neither commends nor condemns the practice.

In considering the *varieties of watery discharges*, p. 86, Dr. Barnes remarks:—

"In one case, which was under my close observation, hydrorrhœa to the extent of a pint or more daily, occurred during the three latter months of gesta-

tion. This certainly came from the cervix. Other cases satisfy me that the cervical glands may secrete large quantities of watery fluid; and there is generally no necessity to seek higher up for the source. This copious secretion finds analogy in the occasional free secretion of water from the stomach, and in the profuse salivation of pregnancy. As I have shown elsewhere, the entire glandular system is rendered more active in pregnancy; and the increased vascular tension of this condition is relieved by discharges, sometimes at one point, sometimes at another. I do not think it is desirable to try active means to control these discharges, which are really of physiological significance. The only true remedy is the termination of gestation, which must be awaited with patience, unless serious constitutional impairment threaten."

On page 88, referring to the same subject, *i. e.*, *watery discharges*, another important statement is made:—

"I have seen profuse watery discharge from the uterus and its neck in cases of retroversion and retroflexion of the uterus. Here we may infer that their glandular structure was unusually active, and that the vascular fulness was increased by the imperfect return of the blood by the veins, compressed or strangled by the malposition or distortion of the uterus. Certain it is that in one very marked case profuse watery discharge ceased with restoration of the uterus to its normal position."

The third chapter is a new one. It is a consideration of the symptoms of vesical and urinary, and of rectal disorders in relation to uterine and peri-uterine affections. Dr. Barnes very truly remarks that in the majority of cases where women complain of vesical disorder, the cause of the distress will be found outside of the bladder.

*Retention of urine* is the first topic discussed; and its symptoms, varieties, causes, diagnosis, and results fully presented. Then follow *ischuria*, *vesical irritability*, *cystitis*, *incontinence of urine*, *dysuria*, *abnormal excretions from the bladder*, and *malignant disease, primary and secondary*, of this organ. Under the head of abnormal excretions from the bladder, of course discharges of blood are considered. We believe an additional cause to those mentioned by Dr. Barnes of such discharge may be given, *viz.*, the opening of a peri-uterine hæmatocele into that organ—but of this again. Six pages of the chapter are occupied with the second subject. Dr. Barnes, in the course of the consideration of it, gives the method of exposing the lower portion of the rectum to view, first devised and practised by Dr. H. R. Storer, but does not mention Dr. Storer's name.

This valuable chapter concludes with this important lesson:—

"One lesson will be drawn from the clinical deductions made in these studies of the relation of the bladder and bowel distress to disease of the neighbouring structures. It will be seen how impossible it is to pretermitt close examination of the surrounding organs without serious risk of overlooking conditions that may be fatal if neglected, and which may be remedied if discovered. Whilst we are looking at the kidneys or the intestine, because they are disturbed in their functions, it may be the uterus or the ovaries that are in fault. We thus see how dangerous it is to practise in the spirit of pure specialism; how absurd it is to map out the body, and assign particular territories to particular classes of practitioners. It will be seen how intimately, how indissolubly that part of medicine which takes for its basis the particular study of the generative system in woman, is linked with the disorders of the alimentary, vascular, and nervous systems; that is, a pure specialty cannot exist. A more monstrous thing cannot be conceived."

The sixth chapter—*Pathology of the Ovaries and Menstruation with its Disorders*—shows several additions. Among these are a presentation

of the arguments against the ovarian theory of menstruation formulated by Dr. Kesteven in 1849, "objections that have been taken up by several German writers," says Dr. Barnes, and answers them satisfactorily or not according to one's belief or disbelief in the aforesaid theory. Believing the theory, the reply is to the reviewer quite conclusive. We cannot see why conception should be a constant power in women and an intermittent one in the animal world, and why she should be exempt from the general law of periodical ovulation holding in that world. We are in full faith with Stoltz, when he asserts that menstruation is the external sign of ovulation, and a consequence of ovarian excitement. Sphygmographic tracings are presented, showing the high tension preceding the menstrual flow, and of that at the end of gestation, and then of the ordinary tension after menstruation. The views of Kundrat and Englemann to the effect that the menstrual hemorrhage is a retrogressive process, under which the superficial layers of the mucous membrane, having undergone fatty degeneration, are being exfoliated, are presented, but by no means endorsed.

In referring to the *menopause*, Dr. Barnes quotes with approval the statement of Dr. Fordyce Barker, that a woman over fifty-five is past the period of child-bearing. Alas! for the collection of late pregnancies which Tilt has given in *Change of Life*. Alas! too, for the credibility of Pliny, who states that Cornelia gave birth to Valerius Saturninus when she was seventy years old; and of that of Renauldin, whom Raciborski cites without contradiction or the slightest indication of skepticism, and who asserted he knew a woman whose menstruation had ceased for ten or twelve years, giving birth to a child when she was sixty-one.

*Vicarious* or *ectopic* menstruation retains its place. Why not substitute for the two words *xenomania*, proposed by Flamant more than fifty years ago, a word quite as expressive as euphonious, and of as pure Greek origin as *copraemia*?

In the conclusion of the chapter Dr. Barnes makes the following important remarks in reference to *masturbation* :—

"In association with this subject we cannot avoid allusion to masturbation. I must express my opinion that this subject has been invested with an atmosphere of gloom and terror very much darker than cool observation warrants. The history of the countless celibates of both [*sic*] sexes will carry a just conviction to the reflective mind. But, making all due allowance, the fact remains that the practice is, in some instances, the result or the cause of the most deplorable nervous disorders. Experience has shown that the attendant disorder is not necessarily dependent upon the condition of the external genital organs. The vice has been practised when the clitoris was small; it has been continued even after the clitoris has been amputated. It is kept up in some cases as in the scratching of pruritus, by local inflammation. I have seen the vulva intensely red, the epithelium abraded, even ulcerated. In extreme cases of erotic mania, and even in cases less severe, I believe—the enthusiastic advocates of non-restraint notwithstanding—that resort to the camisole is dictated by the soundest medical and ethical laws."

In the eighth chapter, *Dysmenorrhœa*, Denman is quoted as having anticipated one of the most commonly accepted theories of dysmenorrhœal membrane.

Dr. Barnes is still a warm advocate for incision in mechanical dysmenorrhœa, and still holds that the obstruction is generally at the external os uteri. In the operation he still believes in scissors, especially in Küchenmeister's, but devotes less space than in the former edition to the argument against metrotomes. He observes that—

"Immediately after the operation, or on the next day, it is generally useful to insert an intra-uterine pessary. I formerly used Wright's. I now prefer my galvanic coil pessary. Its flexibility adapts it more easily to the uterine conditions. It tends to straighten the uterus without injurious rigidity, and it stimulates development. Pregnancy has more frequently followed since I adopted this instrument."

In the next chapter, *Climacteric Disorders*, the author presents this explanation of the occurrence of organic disease at the menopause:—

"To a certain extent the healthily acting ovaries and uterus exert a protective influence; the decadence of the generative organs is attended with an increased proneness to the development of organic diseases, especially cancer. We may conjecture that the ovaries and uterus no longer exercising their normal functions and authority, morbid diatheses or organic defects hitherto latent or suppressed, break out, and absorb the remaining energies. Thus in another sense we discover that the menopause is a 'critical' or testing event."

Mr. Paget has shown that from forty-five to fifty is the age when scirrhus cancer of the breast occurs with greatest frequency, and a similar fact holds as to cancer of the uterus. But if the cessation of menstruation be a factor at all in the production of these results, ought they not to be observed in the case of women who cease to menstruate, as many do in some period of five years, say from thirty-five to forty, or from forty to forty-five, prior to the usual time of cessation? Dr. Barnes's explanation is ingenious, and seems quite rational, but probably cannot receive full credence until sustained and substantiated in the way we have suggested.

The tenth chapter is brief, and is upon the *Relation of Menstruation to Diseases*. There is scarcely any change in it from the first edition. Here, however, is an important new fact:—

"The modifications induced in the course of inflammation, acute or subacute, by menstruation, deserve careful attention. In several cases observed at St. George's Hospital, by Dr. Lacy, when my assistant, and myself, it was found that the temperature rose 1°, 2°, or 3° Fah. at every menstrual epoch. Hence we draw indication to moderate nervous and vascular tension at the menstrual epoch."

In the eleventh chapter we have presented various disorders of the ovary, such as displacements, inflammation, fibroid degeneration, tubercle, and cancer. In referring to prolapse of the ovary into the retro-uterine pouch, Dr. Barnes observes that he has frequently known the retroflected uterus to be mistaken for such displacement, and then says, "The diagnosis is made with certainty by passing the sound into the uterus. This done, if the mass is lifted away from the finger, and the fundus be felt supported on the sound by the hand above the symphysis, we know the case is retroflexion." Will not the finger in the vagina, and the direction of entrance of the sound into the uterine cavity, settle the question in so far as retroflexion is concerned, and might it not be well for less expert operators than Dr. Barnes to rest in the knowledge thus obtained without resorting to the further manipulations he advises?

The twelfth chapter is devoted to *Ovarian Cystic Tumours*. There are but two or three additions of new matter, and these relating to dermoid cysts.

The thirteenth chapter is chiefly occupied with *Ectopic or Retro-Uterine Gestation*. One might think that this was peculiarly a subject belonging to a work on obstetrics, and that a chapter on it in a volume upon diseases of women was itself a striking illustration of *ectopia*. But the explanation of its introduction is well given by Dr. Barnes when he

remarks, "For clinical purposes it is convenient to study ectopic gestation in connection with ovarian tumours. The diagnosis between them is often a pressing practical problem, upon the solution of which hangs the choice of the method of treatment."

In the course of the chapter Dr. Barnes gives just praise to Dr. Parry's work on *Extra-Uterine Pregnancy*, and narrates Thomas's interesting case of opening an extra-uterine foetal cyst through the vagina by the galvano-cautery knife, remarking that the proceeding is worthy of adoption.

Twice in the course of the chapter the *placental souffle* is spoken of. This *souffle*, discovered by Mayor and Kergaradec, was believed by the latter to depend upon the utero-placental circulation, and therefore termed by him *placental*. But Dubois demonstrated—we quote the statement from Depaul, *Leçons de Clinique Obstétricale*—that the *bruit* thus named occurred in the walls of the uterus; that it was heard generally upon the sides of the uterus rather than at the fundus, the usual place of placental attachment; heard too after the detachment of the placenta, and therefore termed it uterine. Recent obstetric authorities generally no longer speak of the *placental*, but of the *uterine souffle*. However, when there is an extra-uterine pregnancy, of course this *bruit* cannot be called *uterine*, but, on the other hand, what right is there to call it *placental*?

The fourteenth chapter is upon the *Fallopian Tubes*, or, as we prefer, the *Oviducts*<sup>1</sup> and their *Diseases*. In referring to absence of the oviducts, Dr. Barnes does not mention an interesting fact stated by Boinet, that such absence is never observed except when there is entire absence of the ovaries. This chapter chiefly differs from the corresponding one in the first edition, by rearrangement and some condensation of the matter.

The fifteenth chapter is entitled the *Natural Course and Termination of Ovarian Tumours*. Among these terminations is twisting of the pedicle, the cyst rolling over on its side, as Dr. Barnes expresses it. Several cases of this accident are adduced, and among them a recent one from Knowsley Thornton, in which this revolution of the cyst had occurred three times. But in the well-known works of Gallez, *Des Kystes de l'Ovaire*, a case is alluded to in which the twisting of the pedicle had occurred five times.

Although the title of the chapter is as mentioned above, yet more than two-thirds of it is devoted to the *Diagnosis of Ovarian Tumours*. Here we find that much new matter has been added. In summing up the diagnosis between a fibroid tumour of the uterus and an ovarian cyst, Dr. Barnes states the case as follows:—

"I think it may be affirmed with some confidence that a large abdominal tumour is uterine, if we get a combination of the following conditions: 1. Absence of the *facies ovariana*; metrorrhagia; solidity of the tumour; descent of any considerable mass into the pelvis; deviation of the os uteri; distortion of the lower part of the uterus; and especially if, with the above, the sound travels to an abnormal distance, or, in other cases, when the vaginal portion is effaced, the os uteri forms the centre of a rounded hard mass resting on the pelvic brim."

Now let the reader turn to page 281 of the late Dr. Atlee's work on *Ovarian Tumours*, and see how the world's greatest ovariologist, Spencer Wells, found this ovarian face where there was no ovarian, but a fibro-cystic tumour. Then, as to the second sign, in many cases of fibroid, especially

<sup>1</sup> The French perpetuate the *trumpet* origin in giving the name *Trompes de Fallope*, but our word tubes is not the synonym of trumpets.

fibrocystic, tumours of the uterus, there is no metrorrhagia. As to the third, sometimes we find the fibroid or fibro-cystic tumour surrounded with copious ascites. Where too there is such ascitic effusion, there may be no descent of the tumour into the pelvis. We write thus because we have known the diagnosis so thorny and difficult from the failure of many of the signs mentioned by Dr. Barnes, and it is rarely we can get them all combined in a given case of doubtful uterine tumour.

On page 274, a drawing from Dr. Drysdale is given, representing the microscopic characters of the fluid from an ovarian cyst. On page 372, Dr. Barnes remarks, "Dr. Fordyce Barker informs me that the 'characteristic ovarian cell' was found in the sac of an extra-uterine gestation recently operated upon in New York! Strong testimony is borne by Thomas, Byford, and Atlee to the general accuracy of Drysdale's test when applied by himself."

The *Treatment of Ovarian Cystic Disease* is the subject of the sixteenth chapter. Dr. Barnes does not seem to have much faith in the electrolytic treatment of ovarian tumours, a treatment of which was more heard a year or two ago than there is now. He observes, "Of uncertain efficacy in hydrocele, electrolysis does not promise much for the more difficult cases of ovarian cystic disease. Treatment in any case must be tedious."

Ovariectomy is given more space than in the first edition, and due importance and full descriptions of the antiseptic method are given. Keith is mentioned as a warm advocate of antiseptic ovariectomy, and stated as asserting that since he has operated under the carbolic acid spray, he "almost never drains." Considering the fact that he first suggested and so generally practised drainage, this testimony is peculiarly strong.

In speaking of the relative merits of silk and wire sutures for the abdominal incision, Dr. Barnes remarks, "It has happened to me to have to use both silk and wire in the same operation. I found that the wire sutures were more free from purulent tracts than the silver sutures." This conclusion is directly opposite from the one we heard Mr. Holmes announce, at St. George's Hospital, in the summer of 1864. A few days prior he had performed ovariectomy in the Hospital, using silver sutures, the patient died, and he observed at the *post-mortem* that in withdrawing the sutures, pus followed to the peritoneum.

Dr. Miner's process of enucleation of ovarian tumour is referred to favourably.

On p. 397 we find the following statement:—

"Walter F. Atlee, M.D., (*Amer. Journ. Med. Sci.*, 1877) relates a case, successful, in which he brought out as large a portion of the cyst as possible, clamped, cut it off, and carefully closed the wound behind it, trusting that the ovary would be sealed to the peritoneum of the ovary, and so close the peritoneal cavity." Upon referring to Dr. Atlee's report, he was not the operator, but Dr. Washington L. Atlee, was; and the description given by Dr. Barnes of the sealing process, is certainly not what Dr. Atlee wrote, and is by no means easy of comprehension. Dr. Atlee's language is as follows: "Trusting that by a very careful attention to closing the abdominal walls accurately around the cyst by the interrupted suture, the necessary peritoneal inflammation which would result, would seal the peritoneal coat of the ovary to that lining the abdominal wall, and in a day or two seal up the general peritoneal cavity."

*Vaginal Ovariectomy*, Dr. Thomas's operation, and *Normal Ovariectomy*, Dr. Battey's, are briefly referred to on p. 403. The latter is considered less briefly on a subsequent page.

In referring to drainage after ovariectomy, Dr. Barnes states that "J. F. Miner (*Buffalo Med. and Surg. Journal*, 1856) suggested a very well-designed plan of drainage. Having tied the pedicle as a whole, he carried the ends down through an opening made in *Douglas's pouch*, thus *inverting the part like a funnel*, and securing a drain for any purulent matter that might form." According to Peaslee, *Ovarian Tumours*, p. 438, this was done by Dr. Miner in 1866. But Dr. Handyside, of Edinburgh, did it in 1846.

Dr. Barnes states among the *accidents after ovariectomy*, that "in two cases *tetanus* proved fatal." But in the second volume of the *Transactions of the American Gynecological Society*, twelve cases of fatal tetanus are tabulated.

In the eighteenth chapter—*General Observations on Uterine Pathology; Effects of Labour and Lactation; Involution in Defect and Excess*—Dr. Barnes considers the prophylactic treatment of uterine non-involution, thus:—

"By proper care immediately after labour and during child-bed, involution may be effectively promoted. The first care is to see that the uterus is emptied of placental remains and clots. The second point is to secure firm contraction by compression and by the administration of ergot, quinine, digitalis, or strychnine. For many years it has been my practice to give these remedies two or three times a day from the very first. They help not only to lessen the remote dangers of imperfect involution, but also the immediate danger of septicæmic puerperal fever. The third point is to support the strength of the patient by liberal diet. The fourth is to insist upon *rest* for two or three weeks. And, lastly, to be satisfied that the uterus is not prolapsed or retroverted. If retroversion or retroflexion, a very common condition in child-bed, be allowed to continue, involution will surely be arrested."

The nineteenth chapter is one of the longest in the book, and is upon *Conditions marked by Altered Vascularity or Blood Supply*: it presents no important additions, but still maintains those nice distinctions as fluxion, hyperæmia, congestion and engorgement, which are dwelt on so earnestly by both Courty and Barnes, but which are probably difficult of just appreciation and discrimination by the average medical mind.

The most important addition to the twentieth chapter, the subject of that chapter being *Pelvic Inflammation*, is a presentation of the views of Dr. Næggerath as to latent gonorrhœa.

"In this place reference must be made to the doctrine of latent gonorrhœa, set forth by Dr. Emil Næggerath. He submits that gonorrhœa apparently cured, may persist in certain sections of the organs of generation, in the male as in the female, for life, constituting "latent gonorrhœa," that in this form it may infect a healthy person with acute gonorrhœa or gleet; and that in the female it may run from the latent into the apparent form, and give rise to acute, chronic, or recurrent perimetritis or ovaritis. It is obviously difficult to prove or to disprove how far the doctrine can be substantiated. I cite it, believing that it has at least an apparent basis in facts; and that the subject is worthy of further investigation."

*Perimetric Hæmatocele* is discussed in the twenty-first chapter. This is a subject which has been most diligently studied by Dr. Barnes, both clinically and in the writings of others.

In entire correspondence with the teachings of others he mentions perforation of the vagina and of the rectum as furnishing exits for the blood tumours. In a case under our own care more than a year ago where we had diagnosed hæmatocele, the discharge took place through the bladder. Although the time and the place are not now presented for giving the

details of this case, yet there is no antecedent improbability of such way of discharge. Pelvic abscesses may thus find exit for their contents, and take Chassaignac's case of hæmatocele—the blood occupying the vesico-uterine space—other avenue for escape, if escape at all, than through the bladder, could not be found.

The twenty-third chapter is upon *Inversion of the Uterus*. Dr. White's method is given proper consideration, but we regret there is no illustration of his "repositor," which, in our opinion, is the most valuable of all instruments for the reduction of uterine inversion. But we regret still more to find a repetition on page 633 of Dr. Barnes's statement made in the first edition, as to *forcible taxis*:—

"Of late years a proposition has been made, supported by several distinguished American physicians, to admit this method to a recognized place in the treatment of chronic inversion. The fact that death after rupture of the uterus or vagina has several times been the consequence of forcible taxis should alone be sufficient to discredit the method. . . . Forcible reposition has been attempted either by the hand alone or by aid of a *repoussoir*, that is, some kind of blunt instrument of wood or ivory. Depaul (*Gaz. des Hôp.*, 1851) used a *repoussoir* in a case eleven days after labour. The patient died in a few days from rupture of the uterus. Laceration has also occurred in several cases in America."

In Dr. Weiss's monograph, *Des Reductions de l'Inversion Uterine*, Paris, 1873, two cases of acute inversion of the uterus which Depaul reduced by his *repoussoir* are given; one patient recovered, and the other (this is the one mentioned by Dr. Barnes) died. And at any rate what have any cases of acute inversion to do with the subject the paragraph started to consider, viz., forcible taxis in chronic inversion? Moreover, after having described Dr. White's repositor, is it just to define the repositor, even though calling it by a French name, as "some kind of blunt instrument of wood or ivory?" We fear Dr. Barnes has been misinformed, and we believe he has done unintentional injustice to American physicians; we sincerely hope, nay we firmly believe, that in the next edition he will materially modify the paragraph we have quoted.

In the chapter upon *Tumours of the Uterus*, the twenty-fourth, the author remarks in regard to Battey's operation: "It is, perhaps, premature to offer an absolutely adverse opinion upon this operation. Peaslee and Emmet, speaking from observation *ad hoc*, as well as with the authority justly due their vast general experience and their steady judgment, accorded it only a qualified sanction." Koeberlé, *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*, gives the operation of Dr. Battey more commendation, regarding it as theoretically quite just. He mentions, too, that he himself performed normal unilateral ovariectomy in 1869.

Following this chapter we have one upon *Uterine Polypus*, and then we have four chapters on *Tubercle of the Uterus*, *Cancer of the Uterus*, *Diseases of the Vagina*, and of the Vulva. In the one upon *Vaginal Diseases* the most important additions have been made, and among them are three illustrations of perineo-plasty taken from Thomas's well-known work.

But this review has already been protracted beyond original intention, and it must now terminate.

T. P.